

**Amendment No. 1 to SB2382**

**Ford J  
Signature of Sponsor**

**FILED**

Date \_\_\_\_\_

Time \_\_\_\_\_

Clerk \_\_\_\_\_

Comm. Amdt. \_\_\_\_\_

**AMEND Senate Bill No. 2382**

**House Bill No. 2280\***

by deleting all language after the enacting clause and by substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 71-5-103, is amended by adding the following language as a new appropriately designated subsection:

"Mobile dental services" means an intact comprehensive dental services unit operated on site at a long-term care facility, interfacing with the facility's common electrical and water sources.

SECTION 2. Tennessee Code Annotated, Title 71, Chapter 5, Part 1, is amended by adding the following language as a new section:

Section 71-5-140.

(a) In addition to the deductions from the total income available for the cost of long-term nursing home care authorized pursuant to the rules and regulations of the department of human services, division of medical services, for an eligible individual confined to a long-term care facility, a deduction shall also be authorized and made from such total income available for the costs for dental services paid by the eligible individual.

(b) Deductions for such dental services shall be made for those services whether such services are provided at a dental office, on-site at the long-term care facility, or through a mobile dental services provider that contracts with the long-term care facility.

(c) A mobile dental services provider providing such dental services shall meet and comply with the following requirements:

(1) The requirements of § 63-5-121.

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(2) The mobile dental services provider shall obtain a consent for dental services either from the resident or from the resident's responsible party, which consent shall remain valid and in force for the entire length of stay of the resident unless otherwise revoked by the resident or the responsible party.

(3) The mobile dental services provider shall contract with dentists licensed in the state of Tennessee who have a Medicare/Medicaid number.

(4) The mobile dental services provider may provide routine and emergency dental services as consented to under subsection (c)(2) or subsection (e). Services related to the provision of dentures shall be deemed medically necessary, in writing, by the facility's medical director or the patient's attending physician prior to the delivery of such services. The facility shall not be directly liable to the provider for dental services.

(5) The mobile dental services provider shall maintain records of services provided on standard ADA claim forms using appropriate CDT3 codes for services delivered. Records shall be maintained by the provider of services for five (5) years following the date of service. Records maintained by the mobile dental services provider shall be subject to audit by TennCare, State Comptroller's Office or any government regulatory agency at least annually.

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(d) Upon the submission of a request by the dental services provider for a deduction under this section to the respective county office of the Department of Human Services, the department staff shall process the request within thirty (30) days of receipt. Such office shall report the approval or disapproval of such deduction directly to the long-term care facility, and the responsible party, if any.

(e) If the responsible party has not or refuses to sign the consent required pursuant to subdivision (c)(2), nor notifies the long-term care facility of an arrangement for alternative dental care, the long-term care facility may choose to authorize the provision of dental services on behalf of the resident for the immediate dental care required. However under no circumstances shall such an authorization for consent to treatment make the facility liable for payment for services beyond those funds received by the facility from the patient's responsible party, if any.

(f) If the facility is the representative payee for the resident's Social Security income the dental services provider shall not be required to bill the responsible party, but may be paid from the resident's financial resources received by the long-term care facility. The long-term care facility shall pay the dental services provider within thirty (30) days of receipt of such funds, to the extent such payment is authorized as a deduction by the Department of Human Services.

(g) If the facility is not the representative payee for the resident's Social Security income, the dental services provider shall bill the responsible party

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unless the facility agrees to pay the dental services provider from the resident's financial resources received by the facility. The dental services provider shall have the right to bill the responsible party for the authorized deduction in the event such funds are not forwarded to the facility by the responsible party.

However, the facility under either subsection (f) or (g) shall not be directly liable to the provider for dental services.

SECTION 3. This act shall take effect upon becoming a law, the public welfare requiring it.